

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SHORE PAC

ADDRESS (number and street)

PO Box 3157

Check if different
than previously
reported. (ACC)

Long Branch

NJ

07740

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00410308

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☒ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
02 01 2017

through

M M M / D D D / Y Y Y Y Y Y
02 28 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Goode, Warren, B, ,

Type or Print Name of Treasurer

Signature of Treasurer

Goode, Warren, B, ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
03 20 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

SHORE PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
02 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
02 / 28 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2017		55353.90
(b) Cash on Hand at Beginning of Reporting Period.....	46562.81	
(c) Total Receipts (from Line 19)	15500.00	18000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	62062.81	73353.90
7. Total Disbursements (from Line 31)	13217.83	24508.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	48844.98	48844.98
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

SHORE PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
02	/	01	/	2017

To:

M M	/	D D	/	Y Y Y Y Y Y
02	/	28	/	2017

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

2500.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

0.00

2500.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

15500.00

15500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

15500.00

18000.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))

15500.00

18000.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

15500.00

18000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	4467.83	7008.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4467.83	7008.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8750.00	17500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13217.83	24508.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13217.83	24508.92

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	15500.00	18000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15500.00	18000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4467.83	7008.92
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4467.83	7008.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 13

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SHORE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Comcast Corporation & NBCUniversal PAC

Mailing Address 1701 JFK Boulevard

City
Philadelphia

State
PA

Zip Code
19103

FEC ID number of contributing
federal political committee.

C C00248716

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) Annual

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2017

Transaction ID : 11c-000039984

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Action Committee for Rural Electrification (ACRE)

Mailing Address 4301 Wilson Boulevard

City
Arlington

State
VA

Zip Code
22203

FEC ID number of contributing
federal political committee.

C C00002972

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) Annual

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2017

Transaction ID : 11c-000039982

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. American Psychiatric Association PAC (APA PAC)

Mailing Address 1000 Wilson Boulevard Suite 1825

City
Arlington

State
VA

Zip Code
22209-3924

FEC ID number of contributing
federal political committee.

C C00373696

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) Annual

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2017

Transaction ID : 11c-000039983

Amount of Each Receipt this Period

3500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

12000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 13

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SHORE PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
National Telecommunications Cooperative Association (NTCA) Rural Broadband PAC

Mailing Address 4121 Wilson Boulevard

City
Arlington

State
VA

Zip Code
22203

FEC ID number of contributing
federal political committee.

C C00004473

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼
Annual

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

02 / **28** / **2017**

Transaction ID : 11c-000039985

Amount of Each Receipt this Period

3500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

3500.00

TOTAL This Period (last page this line number only)..... ►

15500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SHORE PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 1270

City
NewarkState
NJZip Code
07101Purpose of Disbursement
See Memo Items

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Annual

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2017

FEC Identification Number

C**Transaction ID : 21b-02-01425**

Amount of Each Disbursement this Period

2900.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address 4255 Amon Carter Boulevard

City
Fort WorthState
TXZip Code
76155Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Annual

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2017

FEC Identification Number

C**Transaction ID : 21b-02-01425**

Amount of Each Disbursement this Period

999.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. American Express Travel Insurance

Mailing Address 2965 West Corporate Lakes Boulevard

City
WestonState
FLZip Code
33331Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Annual

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2017

FEC Identification Number

C**Transaction ID : 21b-02-01425**

Amount of Each Disbursement this Period

8.99

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2900.65

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SHORE PAC

Full Name (Last, First, Middle Initial)

A. American Express Travel Insurance

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2017

Mailing Address 2965 West Corporate Lakes Boulevar

FEC Identification Number

C**Transaction ID : 21b-02-01425**

Amount of Each Disbursement this Period

8.99

☒ Memo ItemCity
WestonState
FLZip Code
33331Purpose of Disbursement
Travel ExpenseCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

Annual

State:

District:

Full Name (Last, First, Middle Initial)

B. American Express Travel Insurance

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2017

Mailing Address 2965 West Corporate Lakes Boulevar

FEC Identification Number

C**Transaction ID : 21b-02-01425**

Amount of Each Disbursement this Period

59.38

☒ Memo ItemCity
WestonState
FLZip Code
33331Purpose of Disbursement
Travel ExpenseCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

Annual

State:

District:

Full Name (Last, First, Middle Initial)

C. United Airlines

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2017

Mailing Address 233 South Wacker Drive

FEC Identification Number

C**Transaction ID : 21b-02-01425**

Amount of Each Disbursement this Period

516.40

☒ Memo ItemCity
ChicagoState
ILZip Code
60606Purpose of Disbursement
Travel ExpenseCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

Annual

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SHORE PAC

Full Name (Last, First, Middle Initial)

A. United Airlines

Mailing Address 233 South Wacker Drive

City
ChicagoState
ILZip Code
60606Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

Annual

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	1			2	0	1	7		

FEC Identification Number

C**Transaction ID : 21b-02-01425**

Amount of Each Disbursement this Period

516.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Custom Ink

Mailing Address 2910 District Avenue

City
FairfaxState
VAZip Code
22031Purpose of Disbursement
Promotional Materials

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

Annual

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	1			2	0	1	7		

FEC Identification Number

C**Transaction ID : 21b-02-01425**

Amount of Each Disbursement this Period

201.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. American Express Travel Insurance

Mailing Address 2965 West Corporate Lakes Boulevard

City
WestonState
FLZip Code
33331Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

Annual

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	1			2	0	1	7		

FEC Identification Number

C**Transaction ID : 21b-02-01425**

Amount of Each Disbursement this Period

8.99

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SHORE PAC

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address 4255 Amon Carter Boulevard

City
Fort WorthState
TXZip Code
76155Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

Annual

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	1			2	0	1	7		

FEC Identification Number

C**Transaction ID : 21b-02-01425**

Amount of Each Disbursement this Period

580.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Carroll, Jeffrey, C, ,

Mailing Address 1831 Grampion Place

City
ViennaState
VAZip Code
22182Purpose of Disbursement
Fundraising Services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

Annual

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	7			2	0	1	7		

FEC Identification Number

C**Transaction ID : 21b-02-01422**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Woolley, Jodi, , ,

Mailing Address 83 Navesink Avenue

City
RumsonState
NJZip Code
07760Purpose of Disbursement
Rent

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

Annual

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	7			2	0	1	7		

FEC Identification Number

C**Transaction ID : 21b-02-01423**

Amount of Each Disbursement this Period

300.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

550.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SHORE PAC

Full Name (Last, First, Middle Initial)

A. Davey Consulting LLC

Mailing Address 322 17th Street NE

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
Fundraising Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Annual

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2017

FEC Identification Number

C**Transaction ID : 21b-02-01424**

Amount of Each Disbursement this Period

1017.18

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1017.18

4467.83

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SHORE PAC

Full Name (Last, First, Middle Initial)

A. DCCC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2017

Mailing Address 430 South Capitol Street SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Annual

FEC Identification Number

C**Transaction ID : 23-02-01421-4**

Amount of Each Disbursement this Period

8750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

8750.00

TOTAL This Period (last page this line number only)..... ►

8750.00